

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE				
APPLICANT(S)					
CLAIMS					
*	*		*	*	
	IND.	DEP.	IND.	DEP.	IND.
51					
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99					
100					
TOTAL IND.					
TOTAL DEF.	13				
TOTAL CLAIMS	14				